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	Application Number	08/809,630							
	Filing Date	06-27-1997							
	First Named Inventor	MENNO KALMANN							
	Art Unit	3738							
	Examiner Name	ISABELLA, DAVID J							
	Attorney Docket Number	092341-040002/US	,						

I hereby revoke all previous powers of attorney given in the above-identified application.											
A Power of Attorney is submitted herewith.											
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Ass	ignee of rec	ord of the entire int									
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)											
Signature		SIGNATUR	RE of Applicant	or As	signee	of Recor	d				
Name	Cland V										
	Aaron Grossman, vice Fresident & General Counsel of Lewiante Vascular, inc.							Inc.			
Date	<u> </u>	- 22 - 07			Telephone (781) 221-2266						
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.											
X *Total of 1 forms are submitted.											

This collection of information is required by 37 CFR 1.36. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.